

**International Quality Plasma Program Certification
APPLICATION FORM
– Initial Certification –**

Plasma Facility Name _____		
Government License # _____	NDDR/IQPP Code _____	
Manager _____		
Responsible Medical Person _____		
Address _____		
City _____	State _____	Postal Code _____
Country _____	E-Mail _____	
Telephone _____	Telefax _____	

- Collection Activity** (check all that apply)
- Normal Source Plasma for Injectable Manufacture
 - Specialty Antibody for Injectable Manufacture
 - Diagnostics for Non-injectable Manufacture
 - Other, please identify _____

New Facilities applying for Initial Certification should review the attached Viral Marker Reporting Form and instructions and submit all prior available data, up to 6 months, with their application. Contact the PPTA Source Office (410-263-8296) if you need further instructions.

NOTE: All IQPP-Certified facilities must comply with the PPTA Source Viral Marker Standard and submit data on a monthly basis.

Corporate Ownership _____
Contact Name _____
Address _____
City _____
State/Postal Code _____
Country _____
Telephone _____
Telefax _____
E-Mail _____

Application for _____
(Facility Name)

NDDR/IQPP Code _____

All of the following questions MUST be answered for your application to be processed:

1) Name, address, telephone, and contact name of the laboratory(ies) performing the screening, confirmatory and NAT testing for you:

3) Retroactive certification of this facility to the start-up date (___/___/___) is requested.

(This date cannot be greater than six [6] months prior to submission of this application.)

OR:

For existing facility not previously IQPP Certified, Certification will be retroactive to the application receipt date.

Please Note: Facilities will be audited for IQPP every 12 months until the FDA license is received.

4) Application must be submitted with the appropriate fee:

Initial Certification Fees

<input type="checkbox"/> PPTA Source Member	\$3,975
<input type="checkbox"/> Non-Member	\$6,490

APPLICATIONS RECEIVED WITHOUT FEE PAYMENT MAY BE WITHHELD FROM SCHEDULING!

2) Attached is the description of the facility's personnel training program, including job function descriptions, for review and approval.

OR

The description of our corporate personnel training program, including job function descriptions, has previously been submitted to PPTA Source for review and approval. This program is in use in the facility.

Application for _____
(Facility Name)

NDDR/IQPP Code _____

Read and sign:

I certify that to the best of my knowledge the information contained in this application is complete and accurate.

By my signature below, I certify that this facility has implemented procedures to insure compliance with IQPP Qualified Donor Standard as approved by the PPTA Source Board of Directors effective July 1, 1997. This standard requires the facility to perform additional donor screening prior to classifying persons as "Qualified Donors" or allowing the resulting units of plasma to be sold or shipped for the production of therapeutic plasma products.

I understand that participation in the IQPP Certification program is completely voluntary and subject to compliance with all IQPP standards. I may withdraw from the Program at anytime by notifying the PPTA Source National Office or have my IQPP Certification revoked at anytime if the facility is found to be out of compliance with the IQPP Standards.

Signature

Date

Type or Print Name/Title

Return completed form, fee and necessary attachments to:

IQPP CERTIFICATION
147 Old Solomons Island Road Suite 100
Annapolis, MD 21401
Telephone: (410) 263-8296 / Telefax: (410) 263-2298